

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/856815
APPLICANT(S)

FILING DATE

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| 6 | | ① | | 1 | | |
| 7 | | ① | | 1 | | |
| 8 | | ① | | 1 | | |
| 9 | | ① | | 1 | | |
| 10 | | ① | | 1 | | |
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| TOTAL CLAIMS | 15 | | 13 | | | |

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| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENTS